



Receipt
~~3700~~
3738
JM-050 CIP #12
Law of
Attorney
J. Byrce
3/17/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Jan-Otto Solem, Per Ola Kimblad
and Michael Schwager
Application No.: 09/775,677
Filed : February 5, 2001
For : DEVICE AND METHOD FOR TREATMENT
OF MITRAL INSUFFICIENCY

Hon. Commissioner for Patents
P. O. Box 2327
Arlington, VA 22202

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TRANSMITTAL LETTER

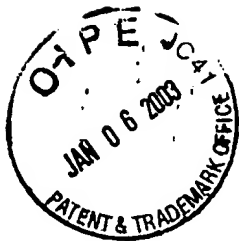
Sir:

Transmitted herewith: [] a Preliminary Amendment;
[] a Reply to Office Action; [] a Supplemental Amendment;
[] a substitute Specification; [] a Declaration; [] a
Supplemental Declaration; [X] a Revocation of Power of
Attorney and New Power of Attorney; [X] a Request for Change
of Attorney Docket Number; [] formal drawings; to be filed in
the above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

[X] A fee for additional claims is not required.

[] A fee for additional claims is required.



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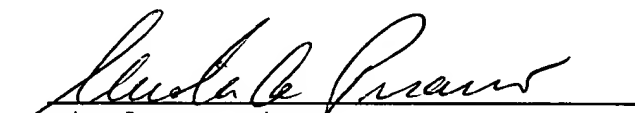
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REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER

Sir:

Please change the attorney docket No. to
JM-050 CIP for the above-identified patent application.


Nicola A. Pisano
Registration No. 34,408
Attorney for Applicants

Fish & Neave
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1251 Avenue of the Americas
New York, NY 10020-1105
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I hereby Certify that this
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12-30-2002

LILY X. JIANG


Signature of Person Signing

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	* =	X \$ 9 =	\$
INDEPENDENT CLAIMS	-	** =	X \$ 42 =	\$
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM			+ \$140 =	\$

* If less than 20, insert 20.

** If less than 3, insert 3.

TOTAL \$

[] A check in the amount of \$_____ in payment of the filing fee is transmitted herewith.

[X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

[] Please charge \$_____ to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

EXTENSION FEE

[] The following extension is applicable to the Response filed herewith; [] \$55.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [] \$200.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [] \$460.00 extension fee for response within third month pursuant to

37 C.F.R. § 1.136(a); ☐ \$720.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136 (a); ☐ \$980.00 extension fee for response within fifth month pursuant to 37 C.F.R. 1.136(a).

☐ A check in the amount of ☐ \$55.00; ☐ \$200.00; ☐ \$460.00; ☐ \$720.00; ☐ \$980.00; in payment of the extension fee is transmitted herewith.

☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

☐ Please charge the ☐ \$55.00; ☐ \$200.00; ☐ \$460.00; ☐ \$720.00; ☐ \$980.00; extension fee to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.



Nicola A. Pisano

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Attorney for Applicants

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